

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>38</u>	
District of <u> </u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>51</u>	
Town of <u> </u>		Local Registrar No. <u> </u>	
or			
City of <u>Miami</u>	No. <u> </u> St. <u> </u> Ward <u> </u>		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Jose Maria Flores</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>m</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>5th</u>	5. No., in order of birth <u>5th</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>2-3-23</u>	(Month, day, year)
8. FATHER Full name <u>Rafael Flores</u>		14. MOTHER Full maiden name <u>Lernor Lechuga</u>	
9. Residence <u>Miami Cal</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami Ariz</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Turkey</u> (State or country) <u>Mexico</u>		18. Birthplace (city or place) <u>Turkey</u> (State or country) <u>Mex</u>	
13. Occupation <u>Muler</u> Nature of Industry		19. Occupation <u>H. W</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>five</u> (b) Born alive but now dead <u>one</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>4a</u> m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>G. J. Patino</u> (Physician or midwife)		Address <u>Miami Ariz</u>	
Given name added from a supplemental report <u> </u> (Month, day, year)		Filed <u>Jan 31</u> , 19 <u>23</u> <u>Charles E. Dwin</u> Local Registrar.	
Registrar. <u> </u>		Filed <u>2/8</u> , 19 <u>23</u> <u>135</u> County Registrar.	

1162-203-331